



DEPARTMENT OF THE ARMY
UNITED STATES ARMY NORTH ATLANTIC TREATY ORGANIZATION
UNIT 21420
APO AE 09705-1420

ACCH

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: USANATO Command Policy Letter 20, Suicide Prevention

1. References:

- a. DOD Directive 6490.1, Mental Health Evaluations of Members of the Armed Forces, 1 October 1997.
- b. DOD Instruction 6490.4, Requirements for Mental Health Evaluations of Members of the Armed Forces, 28 August 1997.
- c. AR 600-63, Army Health Promotion, 28 April 1996.
- d. AE Regulation 350-1, Training in the Army in Europe, 24 October 2005.
- e. Suicide Prevention, A Resource Manual for the United States Army
(<http://chppm-www.apgea.army.mil/dhpw/readiness/suicide/filesformanual/suicideintro.doc>).

2. When a Soldier, civilian employee, or family member commits suicide, the tragic and traumatic loss disrupts unit cohesion and weakens morale. We can prevent this needless loss by learning to recognize suicide-warning signs and by taking immediate action to ensure that anyone exhibiting these signs gets help.

3. During the 1990s, the Army lost 803 Soldiers—the equivalent of a mechanized infantry battalion—as a result of suicide. From January 2000 through December 2002, the active duty force lost another 153 Soldiers to suicide. This is unacceptable. The ability to prevent suicide can and must be learned. To achieve this, each USANATO unit will complete annual suicide awareness training, which is given by professionals. All Soldiers and leaders—military and civilian—must learn to recognize and respond to suicidal behavior.

4. USANATO commanders and multiservice unit ministry teams stand ready to provide annual training. This training will be monitored by commanders and incorporated into professional leader development, consideration-of-others training, and other scheduled unit training. Suicide-prevention training directly contributes to the well-being of our Soldiers and units and to our readiness to fight. This training therefore has my complete support. I expect it to have yours as well.

This letter is available at <http://www.usanato.army.mil>.

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5. In addition to annual training, advanced training is available to leaders. The Army has adopted Applied Suicide Intervention Skills Training (ASIST). ASIST is a new approach to enhancing suicide prevention. It is the most widely used, acclaimed, and researched suicide-intervention-skills training available today. The program involves 2 days of intensive training by a trained chaplain or mental health provider, during which select individuals become additional eyes and ears of the command. The program does this by providing skills in recognizing suicidal behavior and in teaching participants how to intervene.

6. When recognizing that a Soldier is showing signs of being a potential suicide, the commander must promptly refer the Soldier to the servicing mental-health agency. Before referring a Soldier, commanders should consult with a mental-health provider to ensure that their actions are consistent with local procedures. USANATO commanders must rely on servicing mental-health agencies in their geographic area, including those belonging to other Services, for help. Commanders must also ensure their commands comply with DOD and Army policy on suicide prevention, as well as that of the Service providing support in their geographic area.

7. Once a Soldier is referred, the commander will ensure that the Soldier shows up for all scheduled appointments. The mental-health agency treating the Soldier will then keep the commander informed of the Soldier's status, within the limitations of the Privacy Act and the licensing requirements for mental-health providers. After a Soldier is released from a physician's direct and primary care, leaders in the Soldier's chain of command must be particularly attentive to the Soldier's needs. This period is very dangerous for the individual and requires that leaders show compassion and understanding.

8. I charge each of you to become personally involved in preventing suicide and to work with the respective field agency to ensure suicide-prevention measures are intact. I expect leaders at every level to ensure that anyone who needs help gets it fast. I further challenge you to eliminate the stigma attached to seeking mental-health services. Asking for help when needed is not a weakness.

9. Our goal is to reduce the number of suicides in USANATO, and we can achieve this by teaching everyone how to recognize the warning signs—in themselves and in others—and by teaching everyone how to intervene.



DAVID D. McKIERNAN
General, USA
Commanding

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